

2016-3487

PRINTED: 01/22/2019
FORM APPROVED

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/28/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	INITIAL COMMENTS STATE COMPLAINT INVESTIGATION SURVEY This onsite State complaint investigation survey was conducted on June 28, 2016 by Mary Wood, MN, BSN, RN in response to complaint #65307. Shell #: OCHT11	L 000			
L 420	322-040.1 ADMIN-ADOPT POLICIES WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This Washington Administrative Code is not met as evidenced by: Based on interview and review of medical records, it was determined that the hospital failed to adapt written policies concerning the safety of patients relative to medication orders. The hospital's failure placed 4 or 4 patients whose medical records were reviewed, at risk for incorrectly administered medications, and potentially placed all patients in the hospital at risk for incorrectly administered medications. Reference: The State of Washington Department of Health Board of Pharmacy issued a LAW CHANGE, which stated: "As of June 7, 2006, all prescriptions "must be hand printed, typewritten, or electronically generated. Cursive writing will be considered illegible pursuant to RCW 69.41.010(13) and 69.41.120....	L 420			

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

OCHT11

If continuation sheet 1 of 2

State of Washington

2016-3487

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/28/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 420	<p>Continued From page 1</p> <p>Findings include:</p> <p>The Director of Pharmacy and the Chief Nursing Officer were interviewed on June 28, 2016. Both stated that they were unaware of the Board of Pharmacy law change of 2006, which prohibited medication orders written in cursive.</p> <p>Review of the medical record for Patient #1 revealed the following examples of medication orders that were written in cursive, and/or were partially illegible:</p> <p>The medication administration sheet documented the following:</p> <p>8/23/15 - "Gabapentin"...in cursive</p> <p>8/23/15 - "minipress"...in cursive</p>	L 420			